

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/042,169
Filing Date	January 11, 2002
First Named Inventor	Tal Gordon
Title	Apparatus and methods for dispensing pet care.
Art Unit	3763
Examiner Name	Michael J. Hayes
Attorney Docket Number	233-108

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

32964

OR

Practitioner(s) named below:

Name	Registration Number
David Klein	41,118

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with the above-mentioned Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dekel Patent Ltd.
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Address	Beit HaRofim 18 Menuha VeNahala Street, Room 27
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City	Rehovot	State	Zip 76209
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Country	Israel
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Telephone	972-8-9495334	Email <a href="mailto:dekelltd@netvision.net.il">dekelltd@netvision.net.il</a>
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Tal Gordon</i>	Date 11 Aug 2005
Name	Tal Gordon	Telephone
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

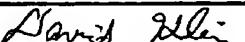
Application Number	10/042,169
Filing Date	January 11, 2002
First Named Inventor	Tal Gordon
Art Unit	3763
Examiner Name	Michael J. Hayes
Attorney Docket Number	233-108

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AUG 15 2005

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Credit Card Form
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Dekel Patent Ltd.		
Signature			
Printed name	David Klein		
Date	August 15, 2005	Reg. No.	41,118

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name		Date

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032  
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEES TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 510)

**Complete if Known**

Application Number	10/042,169
Filing Date	January 11, 2002
First Named Inventor	Tal Gordon
Examiner Name	Michael J. Hayes
Art Unit	3763
Attorney Docket No.	233-108

**METHOD OF PAYMENT (check all that apply)** Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
\$0	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
360	180

Multiple dependent claims

Total Claims		Extra Claims		Fee (\$)	
- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20				\$0	25
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	200	100

 - 3 or HP =  x  = 

HP = highest number of independent claims paid for, if greater than 3

 Number of each additional 50 or fraction thereof  x  =  Fee (\$) Fee Paid (\$) Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$) - 100 =  / 50 =  (round up to a whole number)  x  =  Fees Paid (\$) 100 =  / 50 =  (round up to a whole number)  x  =  Fees Paid (\$) 3 =  / 50 =  (round up to a whole number)  x  =  Fees Paid (\$) 1 =  / 50 =  (round up to a whole number)  x  =  Fees Paid (\$) 0 =  / 50 = <